

Fall 2015 Girls' Volleyball: Mon & Wed. Program
First Practice: Wednesday Sept. 9th 2015
 Meet on the Playground Directly After School
****Guardians signature required!****

Activity Codes – Please *CIRCLE* Your School and Grade.

Connolly	Fees	Gililand	Ward
6 th Gr. *41576	6 th Gr. *41578	6 th Gr. *41580	6 th Gr. *41582
7/8 th Gr. *41577	7/8 th Gr. *415479	7/8 th Gr. *41581	7/8 th Gr. *41583

Register by Sept. 01, 2015 Late registration if space available: Sept 21, 2015

All City Athletic Conference Girls' Volleyball Registration

****PLEASE FILL OUT ALL INFORMATION AND PRINT CLEARLY****

STUDENT NAME: _____

SCHOOL: _____ **GRADE**(circle one): 6th 7th 8th

Home Address: _____ **APT #** _____ **City** _____ **Zip** _____

***EMAIL ADDRESS:** _____

***CELL PHONE NUMBER:** _____

***HOME PHONE NUMBER** _____

***PARENT/GUARDIAN'S NAME:** _____ **WORK PHONE NUMBER:** _____

*****Emergency Contact Name** _____

what is the relationship _____ (i.e. grandparent, neighbor, guardian)

Emergency Contact Phone Number _____

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity.

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

PARENT NAME PRINT: _____ **Date:** _____

PARENT SIGNATURE: _____ **Date:** _____

INFORMATION ON BACK PAGE!



All City Athletic Conference

Fall 2015 Girls' Volleyball



Sponsored by Tempe Parks & Recreation & TD#3 School District

IMPORTANT

All student athletes wanting to participate in the ACAC during the 2015-16 season are required to have both the guardian/parent AND the student athlete sign a code of conduct. Please read the following carefully and sign in the appropriate space below. All participants must follow coach's directions and all players are expected to come to practice and be active. Please bring water bottle.

PLAYER AND FAN GUIDELINES

- LET THE COACHES COACH, THE PLAYERS PLAY AND THE UMPIRES OFFICIATE.
- PLEASE VOICE ONLY POSITIVE COMMENTS FOR ALL PLAYERS, COACHES AND OFFICIALS.
- CITY OF TEMPE RECOGNIZES PLAYERS, COACHES AND UMPIRES CAN AND WILL MAKE MISTAKES.
- IF YOU HAVE CONCERNS YOU MUST WAIT UNTIL AFTER THE GAME AND CONTACT ACAC's LEAGUE COORDINATOR BY CALLING 480-350-5267 bobbi_jones@tempe.gov (BOBBI JONES)

IF YOU VIOLATE ANY OF THE ABOVE GUIDELINES YOU WILL BE ASKED TO LEAVE THE FIELD AREA/GYM AND STUDENT ATHLETES WILL BE DISCIPLINED ACCORDING TO TEMPE ELEMENTARY SCHOOL RULES.

THANK YOU AND ENJOY THE GAME(S).

I have read and agree to comply with the above statement about sportsmanship and behavior for the ACAC sports season.

X Student Print Name: _____

X Student Signature: _____ date: _____

X Parent Print Name: _____

X Parent Signature: _____ date: _____

All City Athletic Conference Photographic Release

I, hereby, give my consent to the use of photographs, television or video pictures taken of my child at any TD#3 or City of Tempe Recreation ACAC events during 2015-2016, that will be used for advertising, marketing, and/or for the purpose of educating the public and staff.

Pictures taken as part of any All City Athletic Conference program may be used in connection with illustrative or written printed matter, story, brochure, news item, or web page. I waive the right to inspect and/or approve the finished product that may be used.

I do, hereby, release the City of Tempe Recreation Department and Tempe Elementary School District #3, and contracted photographer, from any claims whatsoever which may arise in said agreement.

Parent's Signature: _____

Date: _____